



What You Need to Know about N.C. Medicaid Prescription Drug Changes

Facts for Medicaid Recipients

N.C. Medicaid is creating a preferred drug list. This list will ensure Medicaid patients have prescription drugs that are both clinically effective and cost effective. Drugs on the list will be recommended by an impartial committee of doctors and pharmacists, independent of state government. The list will be phased in over time, beginning in December 2002.

Preferred drugs are effective drugs

A Physicians Advisory Group will identify clinically effective, brand-name drugs for each drug class, regardless of cost. They will recommend to NC Medicaid that these drugs be considered for creating the preferred drug list. N.C. Medicaid will choose the two most cost-effective of the recommended drugs for the preferred drug list, plus all other drugs in that class that are less expensive.

No drugs are excluded

Doctors may still prescribe drugs for you that are not on the list, but they must first obtain prior authorization. Medicaid will still pay for the higher cost drug, provided there is no lower cost drug that will provide the same benefit.

Before you fill that prescription

When a doctor writes a prescription, he or she should know if it is preferred or if it requires prior authorization. You should not have to do a thing. For refills of existing prescriptions, beginning in December, you can check with their pharmacist or with doctor's office to learn if it requires approval *before* going getting it refilled. Give your doctor several days, in case approval is needed. Do not wait until you are out of a medication to make that call.

Special considerations

Because of the difficulty in finding a medication or combination of medications that work for each individual patient, all drugs to treat HIV will automatically be preferred. Also, patients taking certain drugs to treat psychosis and depression will be grandfathered into the program: that is, physicians who have already prescribed non-preferred drugs for Medicaid patients will not have to get approval for those prescriptions.

The medication regimen for Medicaid patients in long-term care facilities will not be affected. This population will be grandfathered into the program.

Why the state is doing this

Medicaid costs are soaring, threatening the very existence of the program as we know it. Without cost controls, the state will have to cut services to children, the disabled, the poor and the elderly, or further reduce payments to doctors, further endangering services.

The preferred drug list is a common measure with private insurers. It will ensure that effective drugs remain available to all Medicaid patients, and help preserve Medicaid and the level of care it currently provides.

Drugs on the list will be recommended by an impartial committee of doctors and pharmacists, independent of state government.

The preferred drug list will be on the web beginning in December 2002:
ncmedicaidpbm.com

